



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

07 JAN 23 A11 :12

STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
RADCLIFFE	JOHN	H.	808/ 754-4020
MAILING ADDRESS (Street)			FAX
222 SOUTH VINEYARD STREET, SUITE 401			808/599-4340
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96813-2453	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
CAPITAL CONSULTANTS OF HAWAII, LLP			808/531-4551
MAILING ADDRESS (Street)			FAX
222 SOUTH VINEYARD STREET, SUITE 401			808/533-4601
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96813-2453	

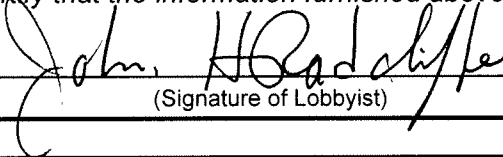
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Community Financial Services Association c/o MultiState Associates Inc.		703/684-1110
MAILING ADDRESS (Street)		FAX
515 KING STREET, SUITE 300		703/684-0717
(City)	(State)	(Zip Code)
ALEXANDRIA	VIRGINIA	22314
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
CARRIE CALVIN		703/684-1110
MAILING ADDRESS (Street)		FAX
515 KING STREET, SUITE 300		703/684-0717
(City)	(State)	(Zip Code)
ALEXANDRIA	VIRGINIA	22314

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

22 JAN. 2007
(Date)

PART V AUTHORIZATION TO LOBBY

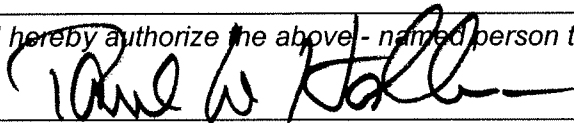
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
PAUL W. HALLMAN	PRESIDENT/MULTISTATE ASSOCIATES INC.

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Community Financial Services Association c/o MultiState Associates Inc.	703/684-1110

MAILING ADDRESS (Street)	FAX
515 KING STREET, SUITE 300	703/684-0717

(City)	(State)	(Zip Code)
ALEXANDRIA	VIRGINIA	22314

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.


(Signature of Authorizing Officer or Person Represented)

1/16/2007
(Date)